

STATEMENT OF COMPLAINT

RECEIVED
APR 06 2016

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
REGULATORY AND COMPLIANCE DIVISION

COMPLAINANT: The Department has jurisdiction in only certain professions involving consumers and licensees in the area of occupational professions and other licensing laws. If the Department has jurisdiction over the allegations, an investigation will be conducted for possible licensing action by the Department. Your individual remedies should be pursued in the civil courts.

THE COMPLAINT IS AGAINST		INFORMATION ABOUT YOU	
Name of Licensee (Company) MICHAEL PRYSBY		Name JAMES CASHA	
Address (Number and Street) 		Address (Number and Street) 207 NORTH ST E, P.O. Box 308	
City, State BATH, MI	Zip Code 	City, State NORWICH, ON, CANADA	Zip Code N0T 1P0
Telephone Number 		Telephone Number 540-717-9240	
Name of Person You Dealt With 		E-mail address jim.casha@gmail.com	
License Number (if known) 6201038769		Are you willing to testify in a hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Indicate which profession the complaint is against:

- | | | |
|---------------------------|----------------------------------|--|
| Accountancy/CPA | Cosmetology School/Shop | Personnel Agencies |
| Appraisal Mgmt Company | Electrologist/Manicurist | Professional Engineer |
| Architect | Foresters | Professional Surveyor |
| Barber/Barber Shop/School | Funeral Director or Funeral Home | Real Estate Appraiser |
| Collection Agency | Hearing Aid Dealer | Real Estate Broker/Salesperson/Company |
| Cosmetologist | Landscape Architect | Residential Builder |

* Attach a brief detail of the allegations. If allegations are against a residential builder for violations of the residential building code you must send a copy of the initial complaint to the builder.

* The Department must receive residential building allegations no later than 18 months after completion, occupancy or purchase, whichever occurs latest. With regards to projects requiring an occupancy permit, the 18-month ends with the latest of either the issuance of a temporary certificate of occupancy, a certificate of occupancy, or closing. Include appropriate documentation to reflect completion, occupancy, closing, or purchase, as applicable.

* Attach copies of all documents such as contracts, agreements, certificates, notes, closing statements, property reports, correspondence, legible copies of the front and back of checks involved, prospectus, advertising, plats, plans or specifications, etc. Please do not send originals; we cannot be responsible for their safekeeping and they will not be returned.

*The Department may ask you to provide other documents at a later date to support the allegations.

I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.

SIGNATURE

DATE

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APR 06 2016
STATEMENT OF COMPLAINT
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
LANSING, MI

COMPLAINANT: The Department has jurisdiction in only certain cases involving consumers and licensees in the area of occupational professions and other licensing laws. If the Department has jurisdiction over your allegations, an investigation will be conducted for possible licensing action by the Department. Your individual remedies should be pursued in the civil courts.

THE COMPLAINT IS AGAINST		INFORMATION ABOUT YOU	
Name of Licensee (Company) STEPHEN BUSCH		Name JAMES CASHA	
Address (Number and Street) 		Address (Number and Street) 202 NORTH ST. E., P.O. Box 308	
City, State DEWITT, MI	Zip Code 	City, State NORWICH, ON, CANADA	Zip Code N0J 1P0
Telephone Number 		Telephone Number 540-717-9240	
Name of Person You Dealt With 		E-mail address jim.casha@gmail.com	
License Number (If known) 6201051635		Are you willing to testify in a hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Indicate which profession the complaint is against:


Accountancy/CPA	Cosmetology School/Shop	Personnel Agencies
Appraisal Mgmt Company	Electrologist/Manicurist	<u>Professional Engineer</u>
Architect	Foresters	Professional Surveyor
Barber/Barber Shop/School	Funeral Director or Funeral Home	Real Estate Appraiser
Collection Agency	Hearing Aid Dealer	Real Estate Broker/Salesperson/Company
Cosmetologist	Landscape Architect	Residential Builder

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 SIGNATURE	April 6th, 2016 DATE